

MEDICAL RECORD

RELATIVE'S INSTRUCTIONS REGARDING DISPOSITION OF BODY

The Director of the Warren G. Magnuson Clinical Center is hereby authorized to deliver the remains of:

Name of Deceased		
Undertaker	Name and Address	Telephone Number
	(Name)	
	(Street)	
	(City) (State) (Zip Code)	
Local Representative of Undertaker	Name and Address	Telephone Number
	(Name)	
	(Street)	
	(City) (State) (Zip Code)	
Authorized By	Name and Relationship to Deceased	Date
	(Signature)	

REMARKS

Patient Identification

Relative's Instructions Regarding
Disposition of Body
NIH-1286 (5-92)
P.A. 09-25-0099